12/15/2009 04:22 8439/21200	APEX	PAGE 01
STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certification Doe doe's Limo Floyd Vernon Nichol Aba Big City Taxi	TRANSPORTATION COVE DOCKET NUMBER: 20/0 - 164 If this is your first time filing an application with have a Docket Number. The Commission will assome have filed with the Commission before, a Docket	The PSC, you will not sign one to you. If you
(Please type or print) Submitted by: Floyd Vernon	Nichols Telephone: (843) 926-	 ፍላይን
Address: 64 Princeton & Good Creek, 50. NOTE: The cover sheet and information contained has required by law. This form is required for use by	DACL Fax:	(I. Corn
be filled out completely. NATUR	E OF ACTION (Check all that apply)	
Application - Class A/A Restricted Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van	Request for Name Change of Request to Amend Scope of Request to Amend Tariff (reconstruction Request to Amend Passenge Request (Lase Exp	f Authority ate increase, etc.) er Limit
Application - Class E Household Goods		The same
Application - Class E Hazardous Waste	Letter	1/2010
Application	Proposed Order	
Request for Extension to Comply with Order	Publisher's Affidavit	L. L. William
Request for Order Granting Authority to Obt of Public Convenience and Necessity to be R	ain a Certificate	Const
Request for Cancellation of Certificate	Return to Petition	
Request for Suspension	Other:	
	ease contact the PUBLIC SERVICE COMMISSION at 80	03-896-5100.

CLASS C - TAXI

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

Date: 3/6/2010

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. 1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.) Floyd Vernon Nichols Mailing Address of Applicant if different from street address Fax @ hotmail. Com 2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.) 3. Select Entity Type: (Check one) ☑ Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business. Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month 4/30 Year 20/0

Assets: Cash 1,000 ~ Receivables Real Estate Buildings and Equipment (Net) Motor Vehicles (Net) 1,000 ~ Garage Equipment (Net) Machinery and Tools (Net) Supplies on Hand Prepaids and Other Assets 2,000 ~ **Total Assets** Liabilities and Equity: Accounts Payable Notes Payable Mortgages Payable **Equipment Obligations** Accrued Salaries and Wages Other Accrued Obligations Other Liabilities Total Liabilities Capital Stock Retained Earnings **Total Equity** Total Liabilities and Equity 2,000~

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

1.50 per mile.

Charleston,	Berkeley	And	Dorchester

· · · · · · · · · · · · · · · · · · ·		
Maximum Number of Passengers per Vehicle:	7	

3 of 9

	YEAR & MODE		WEIGHT EMPTY	SEATING CAPACITY
EARd 19	94 EPR	IFMON. 3242THC43974	038	.5
				
				
	· · · · · · · · · · · · · · · · · · ·			

INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE
The following insurance quote is for:
Floyd Vernin Wichols 16A Big City TAX; Name of Motor Carrier Ly Princeton Road Gouse Creek, 56 29445
44 Princeton Road Goose Creek, 50 29445 Address of Motor Carrier
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ $\frac{2900}{\sqrt{25000}}$ Limits $\frac{25000}{\sqrt{25000}}$
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers \$ 25,000/50,000/25,000
8-15 Passengers \$ 25,000/100,000/25,000
Starvet Insurance Company Name of Insurance Company
1245 (elebration Blod Florwice SC 29501) Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to Insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
5-10-10 Serey Poston 343-407-4090 Date Authorized Insurance Company Representative's Signature
The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

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O No

Exhibit FWA

	Floyd Vernon Nichols dba Big City Taxi	
ı	Are there currently any outstanding judgments against the Applicant? Yes No If Yes, indicate nature of judgement(s) against applicant.	
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hi carrier operations in South South Carolina, and does Applicant agree to operate in compliance with the statutes and regulations? Yes No	re motor se
3.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associates therewith?	iated

Exhibit on Driver Qualifications

1	. Applicant underst	tands that all d	rivers must be a minimum of 18 years of age.
	Ø Yes	0	No
2	Applicant understand such record from the maintained in the control of the contro	rom the DMV	rtified copy of the driver's three (3) year driving record issued by the SC DMV of the state in which the driver is or has been domiciled for such period must business office.
	∀ Yes	0	No
3.	must be maintained	ands that a crit d in the Appli	ninal history background check from the state where the driver currently lives cant's business office.
	() Yes	0	No
4.	Applicant understa their possession what state of residence o	hen operating	ivers operating a vehicle under a Class C Taxi Certificate must have in a charter vehicle, a valid driver's license issued by the SC DMV or the current
	⊘ Yes	0	No
5.	venicles to drivers v	who are regist	ass C Taxi Certificate holders are prohibited from employing or leasing ered, or required to be registered, as sex offenders with the South Carolina or any national registry of sex offenders. No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH	CAROLINA)	121 0	γ
COUNTY OF N	Charleston }	Velage !	Julos
300,1710, 32,	,	Appli	eint's Signature
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-1 - 1	11		
I, Floyd	Vernon Nich lame of Applicant's Representative	iols, owne	Title
· IN	anne of Application Representative		Title
of Bia	rity TAXI		
4		Applicant	
	the Certificate of Public Conve		
affirm that all state	ements contained in the above:	application are true and corre	ect.
		11	
		It loud	7 10
		Signature of A	pplicant's Representative
		alkitarmic or w	hhumadra izehinaeitatiae

This 10 day of 10Ay

Jeen Leland Poston

Commission Expires 2-17-2019